DECLARATION AND POWER	ATTORNEY FOR PA	TENT APPLICA.	Y0992-080
	re that:		
My residence, post office address and citiz			
I believe I am the original, first and sole inve	ntor (Il onlý one name is listed belov	w) or an original, first and joint	inventor (if plural names are listed belo
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Agesta in the state of	GMENTATION OF ENDOS	COPIC SURGERY	
the specification of which (check one)			
D. is allached hereto.		,	
was filed on May27, 1992			
Application Serial No. 07/889,2	15		
150 m 340 m			,
and was amended on		(if applicable)	
I hereby state that I have reviewed and under referred to above.			
I acknowledge the duty to disclose information tions, §1.56(a).			
I hereby claim foreign priority benefits under and have also identified below any foreign ap is claimed:	prication for parent or inventor's cert	sticate paving a tiling date beto any toteldu application(s) for t	re that of the application on which priori
Prior Foreign Application(s)			Butani Ar
		•	Priority Claimed
(Number)	(Country)	(Day/Month/Year File	D Yes
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(Number)	(Country)	(Day/Month/Year Filed	1) Yes : No
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hereby claim the benefit under Title 35. Un	(Country)	(Day/Month/Year Filed	•
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DECLARATION AND	POWER OF A LORNEY FOR PATENT APPLICATION	Docket No
Full name of third joint-	inventor,if any	
Russell Highsm	A.	10 = 16
Inventore algosture	0 11 1 -41	17 June 19
Residence	Hoghmuch laylor	
21 Adams Road,	Ossining, New York 10562	
USA		
Post Office Address Same as above.	(1) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
Full name of fourth joint	-inventor,if any	
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